

PAIRED INDICATOR REPORT

STATE RESULTS

2023

This Paired Indicator Report presents statewide results from both the Healthy Kids Colorado Survey (HKCS) and Smart Source. The HKCS is a comprehensive survey in the health of young people, administered in secondary schools. Smart Source is an inventory of school health best practices, completed by school staff in K-12 schools. Data from these surveys are complementary and can be used together to provide a more complete picture of student and school health.

The HKCS and Smart Source are supported by the Colorado Departments of Public Health & Environment, Education, Public Safety, and the Behavioral Health Administration. Both surveys are administered by the Colorado School of Public Health.

READING THE REPORT

HKCS results are displayed in figures or call-out boxes within each section. For figures, health outcomes are listed across the horizontal axis with the percentage of students in the state who reported each outcome shown as a red bar (high school) or a blue bar (middle school). Not all outcomes are available for both levels.

Sample Size

- 49,989 high school students, grades 9-12
- 10,089 middle school students, grades 6-8
- An asterisk appears when a result is suppressed due to insufficient responses from sampled schools.

Smart Source results are based on the statewide aggregate of all participating schools in Colorado. Results are provided in each section using tables, which display the percentage of schools in the state that reported each best practice or the average state result. Tables are split by school level, defined below:

Sample Size

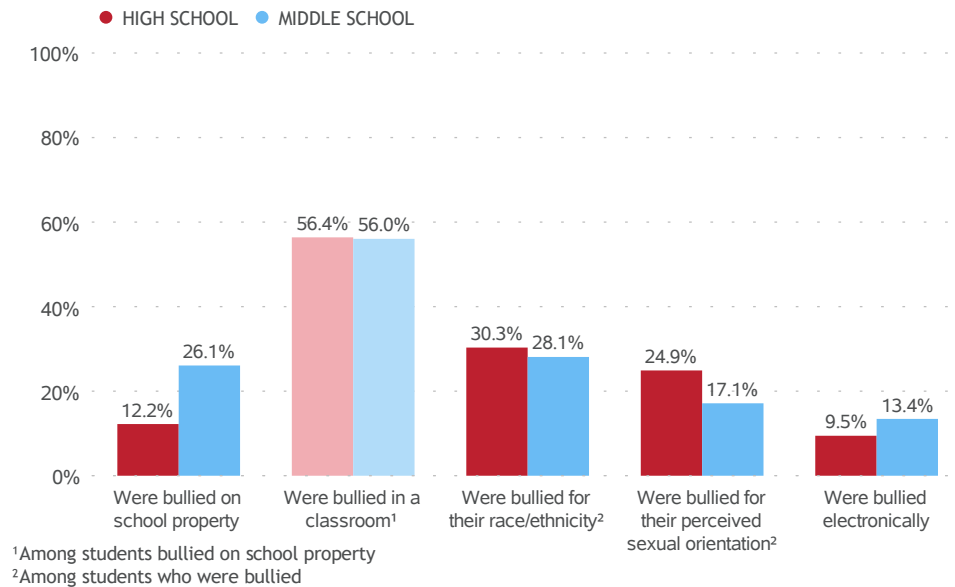
- 166 elementary schools, grades K-6
- 141 secondary schools, grades 6-12
- 60 combined schools, both elementary & secondary grades

SCHOOL SAFETY

Students who perceive school to be physically or emotionally unsafe, due to bullying or other threats, are more likely to skip school and less likely to perform well academically. Schools with healthy environments address the impact of school climate and culture on students and staff, implement strategies for bullying prevention and crisis preparedness, and provide a safe and accessible physical environment.

BULLYING

FIGURE 1: % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO BULLYING IN THE PAST 12 MONTHS



SAFE SCHOOL ENVIRONMENTS

FIGURE 2: % OF STUDENTS WHO REPORTED THE FOLLOWING OUTCOMES RELATED TO SAFE SCHOOL ENVIRONMENTS

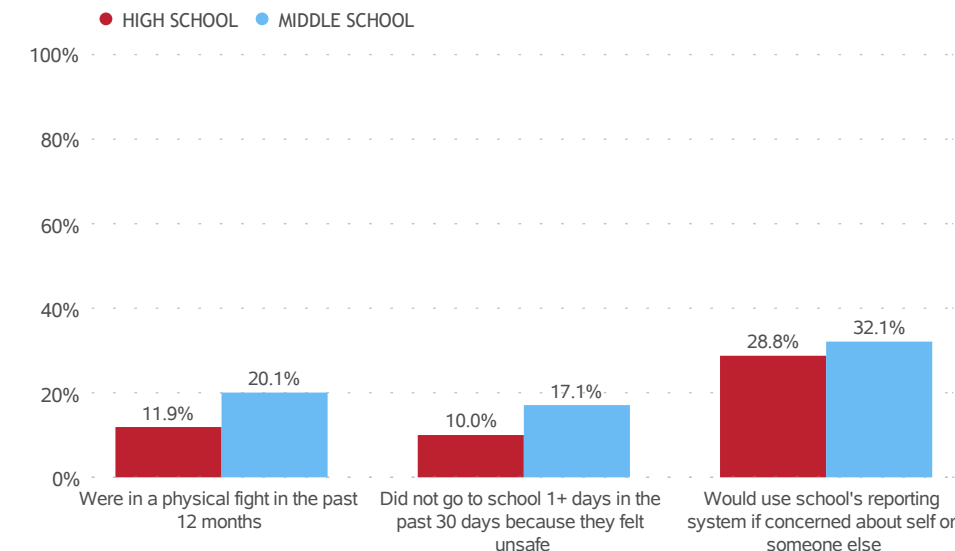


TABLE 1: % OF SCHOOLS WITH BEST PRACTICES RELATED TO BULLYING PREVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
HAVE A WRITTEN POLICY PROHIBITING HARASSMENT AND BULLYING (INCLUDING ELECTRONIC BULLYING)	91.5%	92.2%	94.8%
CONDUCT TRAININGS FOR STAFF ABOUT HOW TO RESPOND TO BULLYING	70.3%	73.8%	75.9%
PROVIDE INFORMATION TO STUDENTS ABOUT THE CONSEQUENCES OF BULLYING	91.5%	88.7%	96.6%
IMPLEMENT STRATEGIES OR PROGRAMMING TO PREVENT BULLYING	93.9%	87.9%	93.1%
PROVIDE ANONYMOUS METHODS FOR STUDENTS TO REPORT BULLYING	92.1%	95.0%	98.3%

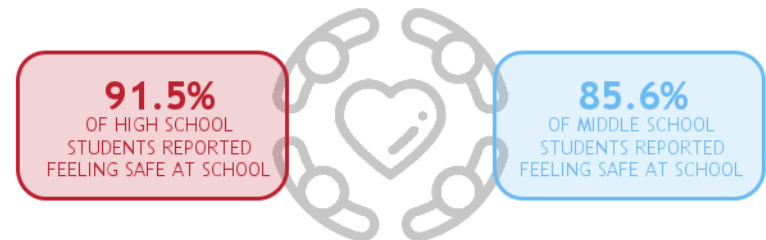


TABLE 2: % OF SCHOOLS WITH BEST PRACTICES RELATED TO SAFE SCHOOL ENVIRONMENTS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
COMMUNICATE EXPECTATIONS FOR LEARNING AND BEHAVIOR TO STUDENTS	99.4%	99.3%	98.3%
HOLD SCHOOL-WIDE ACTIVITIES THAT GIVE STUDENTS OPPORTUNITIES TO SHARE IN DIVERSE CULTURES AND EXPERIENCES	81.8%	85.1%	96.6%
HAVE A STUDENT-LED CLUB THAT CREATES A SAFE AND WELCOMING SCHOOL ENVIRONMENT	34.3%	80.9%	55.9%
TRAIN MOST, IF NOT ALL, STAFF ON IMPLEMENTING CRISIS RESPONSE AND RECOVERY PLAN	74.5%	76.4%	81.0%
HAVE A THREAT ASSESSMENT PROCESS	95.8%	92.2%	94.9%

MENTAL HEALTH

Suicide is a leading cause of death among adolescents in the U.S. as well as in Colorado. Feeling sad or hopeless for an extended period of time is used as an indicator for depression, which can increase the risk for suicide. Having a relationship with a trusted adult to go to with a problem can be protective against suicide risk. Schools can address student behavioral health needs with supportive systems that focus on prevention, early intervention, and intervention to reduce barriers to learning.

PREVENTION & EARLY INTERVENTION

FIGURE 3: % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES IN MENTAL HEALTH

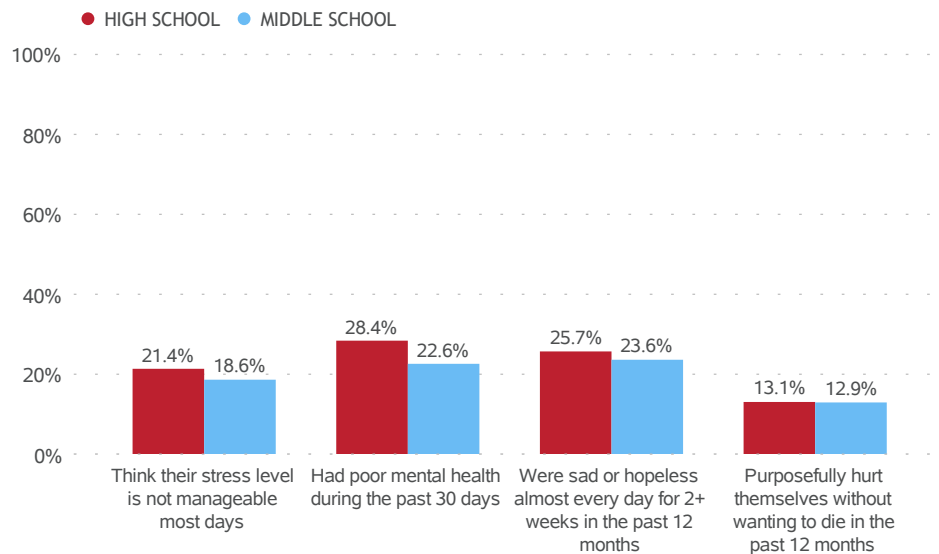


TABLE 3: % OF SCHOOLS WITH BEST PRACTICES RELATED TO BEHAVIORAL HEALTH PREVENTION & EARLY INTERVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
CONDUCT UNIVERSAL SCREENING	42.2%	42.6%	39.7%
HAVE FULL-TIME ACCESS TO A SCHOOL COUNSELOR	78.3%	90.8%	86.2%
HAVE FULL-TIME ACCESS TO A SCHOOL PSYCHOLOGIST	11.4%	29.1%	24.1%
TRAIN MOST, IF NOT ALL, TEACHERS ON HOW TO IDENTIFY & SUPPORT STUDENT BEHAVIORAL HEALTH NEEDS	43.4%	50.0%	44.8%



INTERVENTION

FIGURE 4: % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO SUICIDE

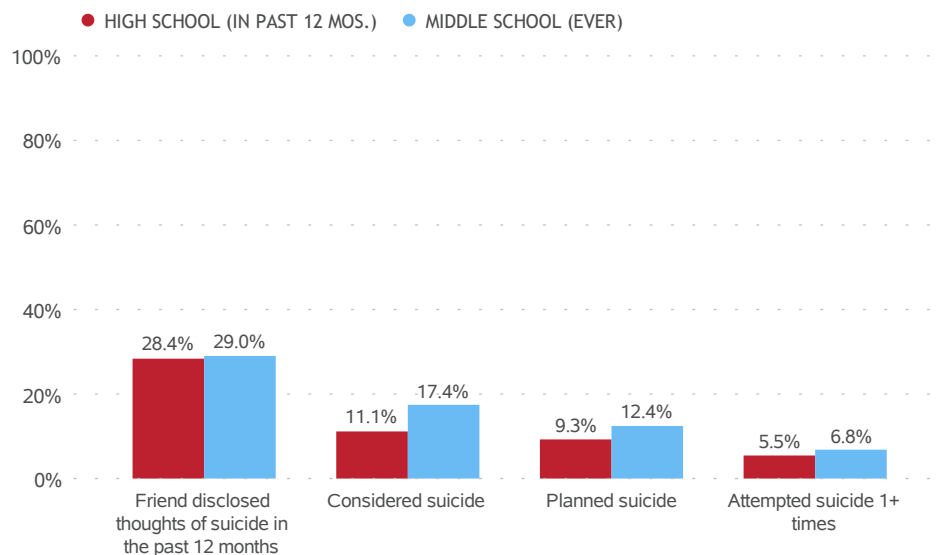


TABLE 4: % OF SCHOOLS WITH BEST PRACTICES RELATED TO BEHAVIORAL HEALTH INTERVENTION

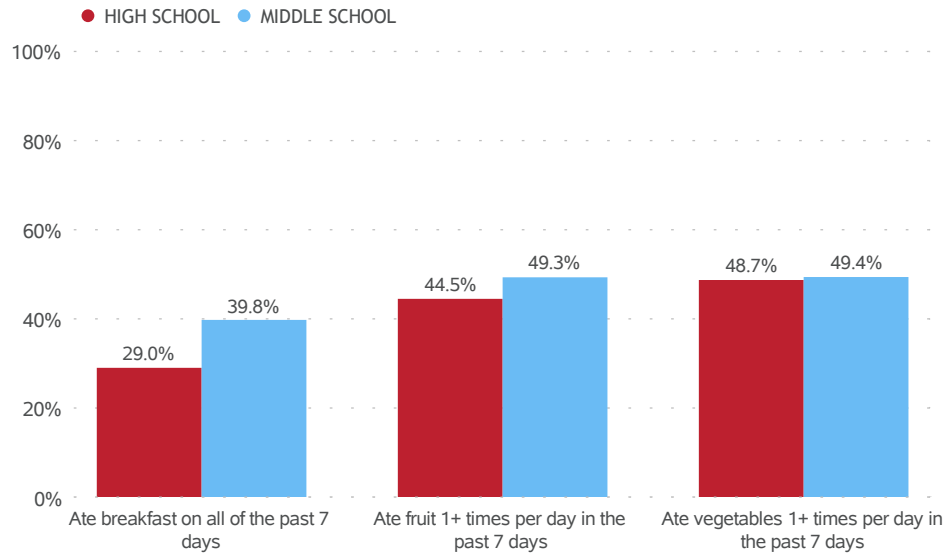
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
PROVIDE CLASSES TO SELECT STUDENTS IN NEED OF BEHAVIORAL HEALTH SUPPORT	42.4%	47.5%	44.8%
TRAIN MOST, IF NOT ALL, STAFF ON HOW TO RESPOND TO A STUDENT IN CRISIS	36.7%	46.8%	36.2%
OFFER INDIVIDUAL COUNSELING	92.2%	94.3%	87.9%
PROVIDE "WARM HAND-OFF" REFERRALS TO EXTERNAL PROVIDERS	38.5%	56.9%	57.7%
HAVE WRITTEN PROTOCOL FOR RESPONDING TO SUICIDE OF A STUDENT OR OTHER COMMUNITY MEMBER	72.9%	74.5%	66.1%

NUTRITION

Obesity contributes to causes of death and chronic disease such as heart disease, cancer, and diabetes. Additionally, access to and consumption of healthy foods is important for students' academic success and behavioral health. Effective school nutrition practices encompass access to healthy foods and beverages, time allotted for meals, and activities that promote healthy eating.

HEALTHY EATING & FOOD ACCESS

FIGURE 5: % OF STUDENTS WHO REPORTED POSITIVE NUTRITION BEHAVIORS



SUGAR-SWEETENED BEVERAGES (SSBs)

FIGURE 6: % OF STUDENTS WHO REPORTED SUGAR-SWEETENED BEVERAGE CONSUMPTION

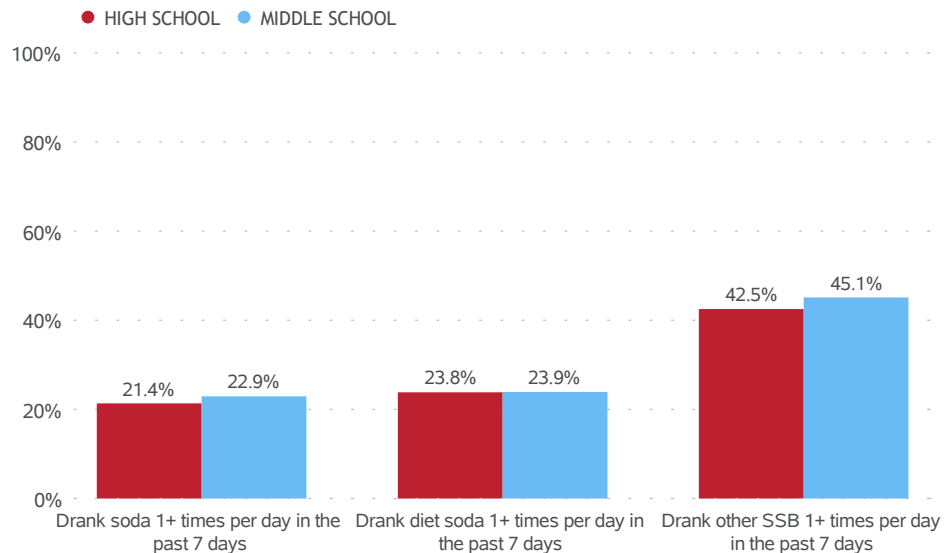


TABLE 5: STATE RESULTS FOR BEST PRACTICES RELATED TO HEALTHY EATING & FOOD ACCESS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
% OF SCHOOLS THAT PROVIDE BREAKFAST	98.8%	94.3%	81.7%
% OF SCHOOLS THAT HAVE STRATEGIES TO INCREASE UNIVERSAL ACCESS TO BREAKFAST	77.3%	78.2%	66.7%
% OF SCHOOLS THAT PROVIDE LUNCH	100.0%	97.9%	90.0%
AVERAGE NUMBER OF "SEATED TIME" MINUTES FOR LUNCH ¹	18	26	19
% OF SCHOOLS THAT OFFER A SELF-SERVE SALAD BAR TO STUDENTS	70.9%	61.9%	50.9%

¹It is recommended to allow students at least 20 minutes of seated lunch time.



TABLE 6: % OF SCHOOLS WITH BEST PRACTICES RELATED TO WATER AND SUGAR-SWEETENED BEVERAGE ACCESS

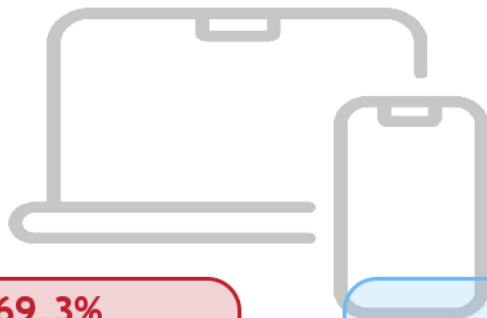
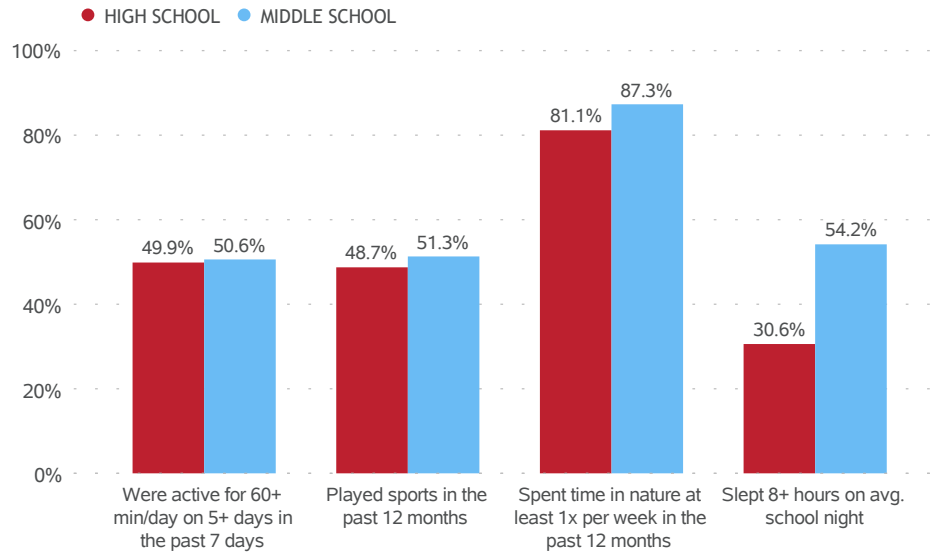
BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
ENCOURAGE STUDENTS TO DRINK PLAIN WATER	90.9%	84.8%	78.9%
PERMIT STUDENTS TO HAVE A DRINKING WATER BOTTLE IN ALL LOCATIONS DURING THE SCHOOL DAY	87.3%	96.5%	94.9%
DO NOT ALLOW STUDENTS TO PURCHASE SODA OR FRUIT DRINKS THAT ARE NOT 100% JUICE	93.3%	62.1%	80.0%
PROHIBIT ADVERTISEMENTS FOR SODA IN SCHOOL BUILDINGS	72.9%	65.2%	69.0%
REQUIRE PREDOMINANTLY HEALTHY FOOD/BEVERAGES FOR CELEBRATIONS	43.0%	25.9%	35.7%

PHYSICAL ACTIVITY

Physical activity can help youth improve their concentration, memory, and classroom behaviors. Schools that follow state and national standards for physical education help students reach the nationally recommended 60 minutes per day of physical activity and develop the knowledge and skills to be physically active for a lifetime. Additional best practices include maximizing opportunities for physical activity before, during, and after school hours.

PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR

FIGURE 7: % OF STUDENTS WHO REPORTED POSITIVE BEHAVIORS THAT PROMOTE PHYSICAL ACTIVITY



69.3%

OF HIGH SCHOOL STUDENTS REPORTED 3+ HOURS OF NON-SCHOOL SCREEN TIME PER AVG. SCHOOL DAY

60.5%

OF MIDDLE SCHOOL STUDENTS REPORTED 3+ HOURS OF NON-SCHOOL SCREEN TIME PER AVG. SCHOOL DAY

52.0%

OF HIGH SCHOOL STUDENTS COULD WALK, RIDE A BIKE, SCOOTER, OR SKATEBOARD TO SCHOOL IF THEY WANTED TO

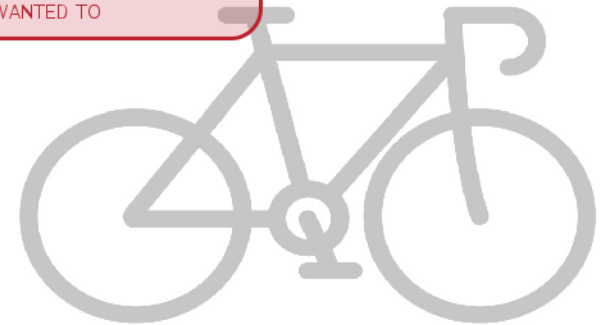


TABLE 7: STATE RESULTS FOR BEST PRACTICES RELATED TO PHYSICAL ACTIVITY

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
AVERAGE NUMBER OF P.E. MINUTES OFFERED PER WEEK PER ELEMENTARY STUDENT ¹	84	N/A	126
AVERAGE NUMBER OF P.E. MINUTES OFFERED PER WEEK PER SECONDARY STUDENT ²	N/A	242	182
AVERAGE % OF P.E. TIME WITH MODERATE TO VIGOROUS PHYSICAL ACTIVITY (MVPA) ³	71%	65%	68%
% OF SCHOOLS THAT OFFER CLASSROOM PHYSICAL ACTIVITY BREAKS	97.6%	61.7%	91.5%
% OF SCHOOLS THAT HAVE PROGRAMMING FOR SAFE BIKING & WALKING ROUTES TO SCHOOL	44.6%	30.5%	33.9%
% OF SCHOOLS THAT HAVE OUTDOOR CLASSROOMS OR LEARNING SPACES	75.9%	72.3%	69.5%

¹It is recommended that elementary students receive at least 150 minutes of P.E. per week.

²It is recommended that secondary students receive at least 225 minutes of P.E. per week.

³It is recommended that at least 50% of each P.E. session consists of MVPA.

HEALTH EDUCATION

Youth substance use is associated with lower academic achievement, increased risk of injuries, and worse mental health outcomes. Comprehensive, science-based health education should be offered to students to help them access valid, medically accurate information about their health, make healthy decisions, and analyze what influences health and wellness.

SUBSTANCE USE

FIGURE 8: % OF STUDENTS WHO REPORTED USING THE FOLLOWING SUBSTANCES IN THE PAST 30 DAYS

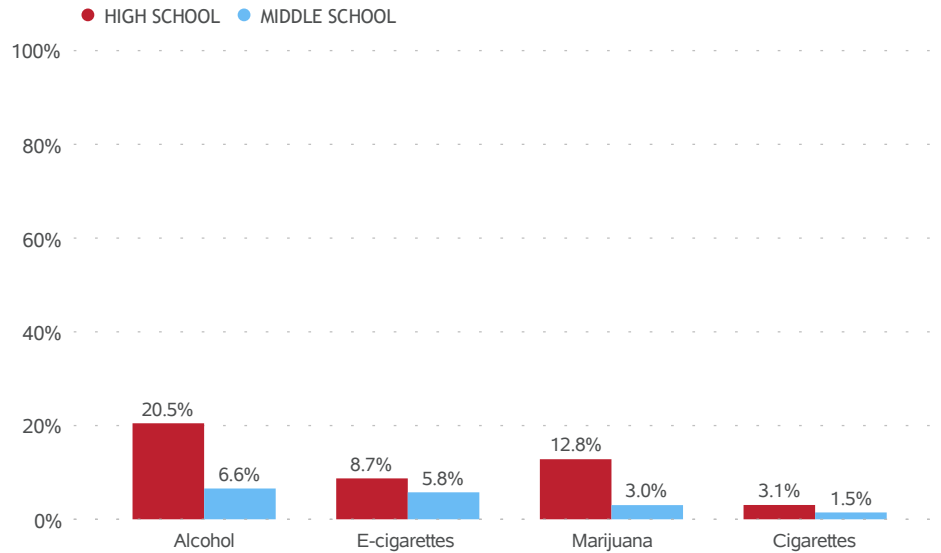


FIGURE 9: % OF STUDENTS WHO FEEL IT WOULD BE EASY TO GET THE FOLLOWING SUBSTANCES

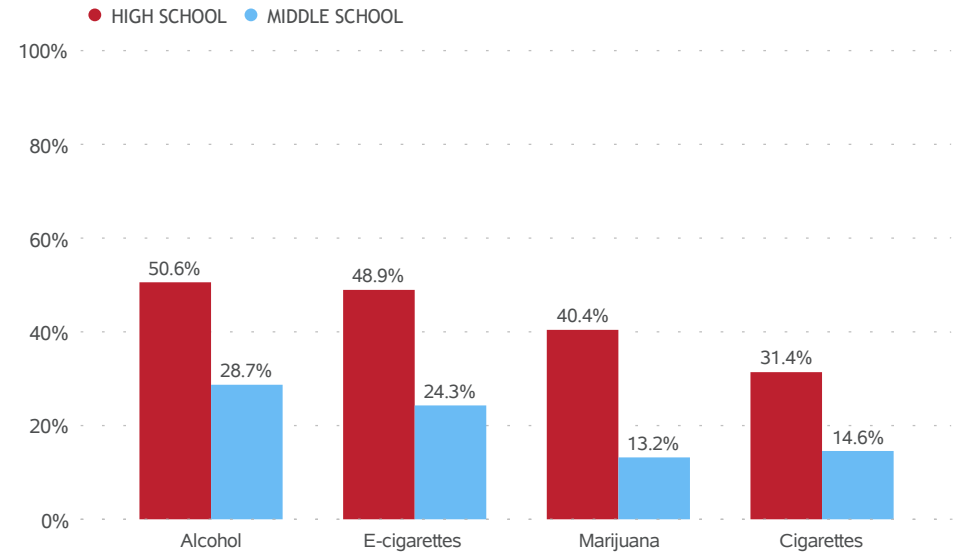


TABLE 8: STATE RESULTS FOR BEST PRACTICES RELATED TO SUBSTANCE USE PREVENTION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
AVERAGE NUMBER OF HEALTH EDUCATION MINUTES OFFERED PER WEEK PER ELEMENTARY STUDENT ¹	42	N/A	67
AVERAGE NUMBER OF HEALTH EDUCATION MINUTES OFFERED PER WEEK PER SECONDARY STUDENT ¹	N/A	207	136
% OF SCHOOLS WITH HEALTH EDUCATION COURSES AND LESSONS THAT PRIORITIZE INSTRUCTION ON HEALTH SKILLS	72.7%	89.1%	86.0%
% OF SCHOOLS THAT TEACH ALCOHOL, TOBACCO, AND OTHER DRUG USE PREVENTION AS A TOPIC OF HEALTH EDUCATION	54.3%	89.4%	81.0%
% OF SCHOOLS THAT SCREEN & REFER FOR SUBSTANCE USE FOR ALL STUDENTS	0.6%	5.7%	5.2%
% OF SCHOOLS THAT USE EVIDENCE-BASED APPROACH FOR SCREENING & REFERRALS FOR SUBSTANCE USE	52.2%	61.5%	29.4%

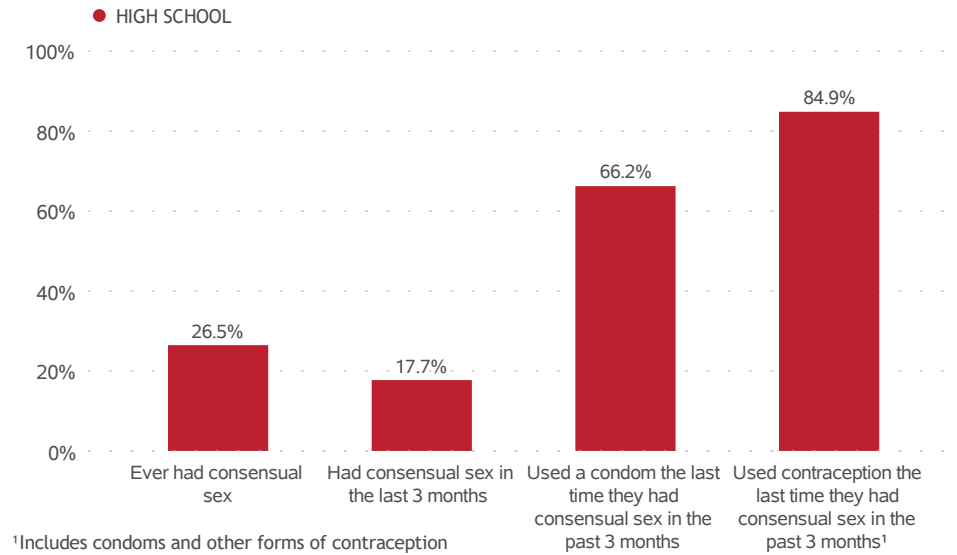
¹It is recommended that students in pre-K through grade 2 receive at least 60 minutes of health education per week and students in grades 3 through 12 receive at least 120 minutes per week.

HEALTH EDUCATION (CONTINUED)

Risky sexual behaviors can lead to negative health outcomes including sexually transmitted infections and unintended pregnancy. Comprehensive, science-based human sexuality education should be offered to students to help them access valid and medically accurate information about their sexual health, make healthy decisions, and analyze what influences healthy sexuality.

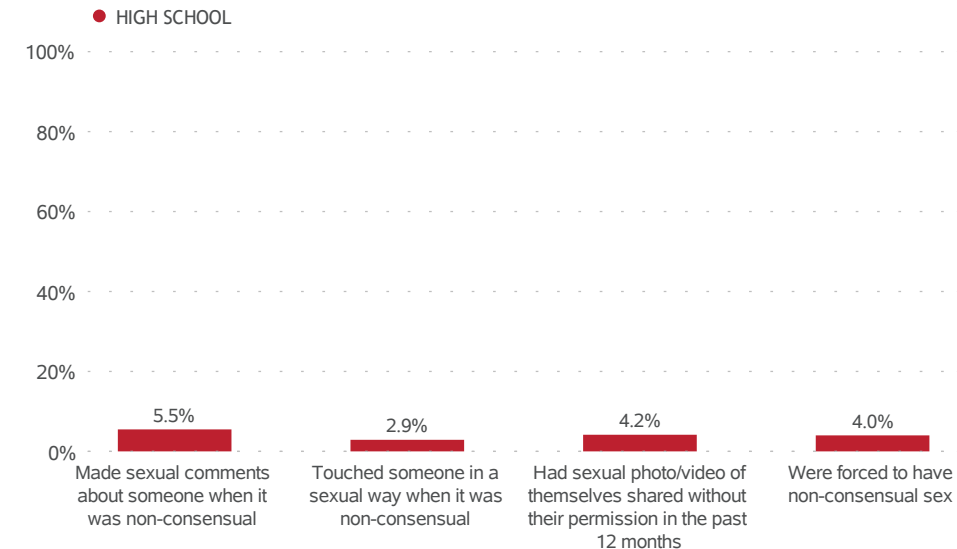
SEXUAL HEALTH

FIGURE 10: % OF STUDENTS WHO REPORTED THE FOLLOWING SEXUAL HEALTH BEHAVIORS



HEALTHY RELATIONSHIPS

FIGURE 11: % OF STUDENTS WHO REPORTED NEGATIVE OUTCOMES RELATED TO SEXUAL HARASSMENT AND VIOLENCE



*An asterisk appears when a result is not available, either because the question was not included in the local version of the survey OR because the result is suppressed.

TABLE 9: % OF SCHOOLS WITH BEST PRACTICES RELATED TO SEXUAL HEALTH EDUCATION

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
TEACH SEXUAL HEALTH EDUCATION	37.8%	70.5%	70.7%
TEACH MEDICALLY ACCURATE INFORMATION ABOUT METHODS OTHER THAN ABSTINENCE TO PREVENT SEXUALLY TRANSMITTED INFECTIONS	21.7%	89.7%	84.6%
TEACH MEDICALLY ACCURATE INFORMATION ABOUT METHODS OTHER THAN ABSTINENCE TO PREVENT PREGNANCY	18.3%	84.5%	84.6%
TEACH HOW ALCOHOL AND DRUG USE IMPAIRS RESPONSIBLE & HEALTHY DECISION-MAKING	39.3%	94.8%	87.2%
TEACH ADOLESCENT PREGNANCY OPTIONS & RESOURCES	8.3%	73.2%	69.2%



8.6%

OF HIGH SCHOOL STUDENTS EVER HAD SEX WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

TABLE 10: % OF SCHOOLS WITH BEST PRACTICES RELATED TO INSTRUCTION ON HEALTHY RELATIONSHIPS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
TEACH VIOLENCE PREVENTION AS A TOPIC OF HEALTH EDUCATION	82.9%	88.7%	84.5%
TEACH CONSENT AS A TOPIC OF SEXUAL HEALTH EDUCATION	36.1%	93.8%	90.0%
TEACH INTERNET/SOCIAL MEDIA LITERACY AS A TOPIC OF SEXUAL HEALTH EDUCATION	55.7%	94.8%	94.9%
TEACH HEALTHY RELATIONSHIPS AS A TOPIC OF SEXUAL HEALTH EDUCATION	55.7%	96.9%	97.5%

SCHOOL CONNECTEDNESS

Students who feel connected to their school community (including parents and staff) are less likely to engage in risky behaviors and more likely to have better school attendance and better academic achievement, such as higher grades and test scores. Schools can promote connected environments with best practices such as monitoring chronic absenteeism, engaging students and families, and supporting staff members.

STUDENTS

FIGURE 12: % OF STUDENTS WHO REPORTED POSITIVE OUTCOMES IN SCHOOL CONNECTEDNESS

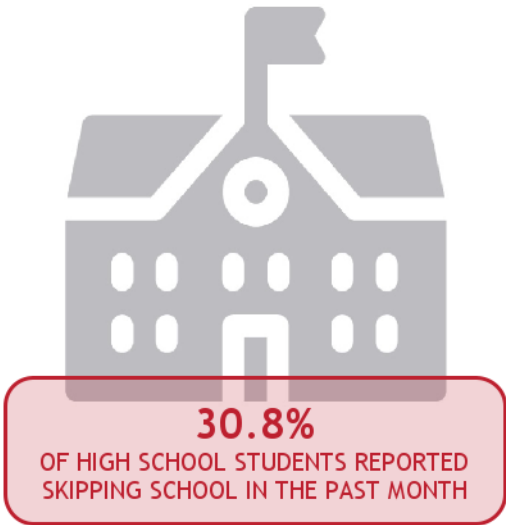
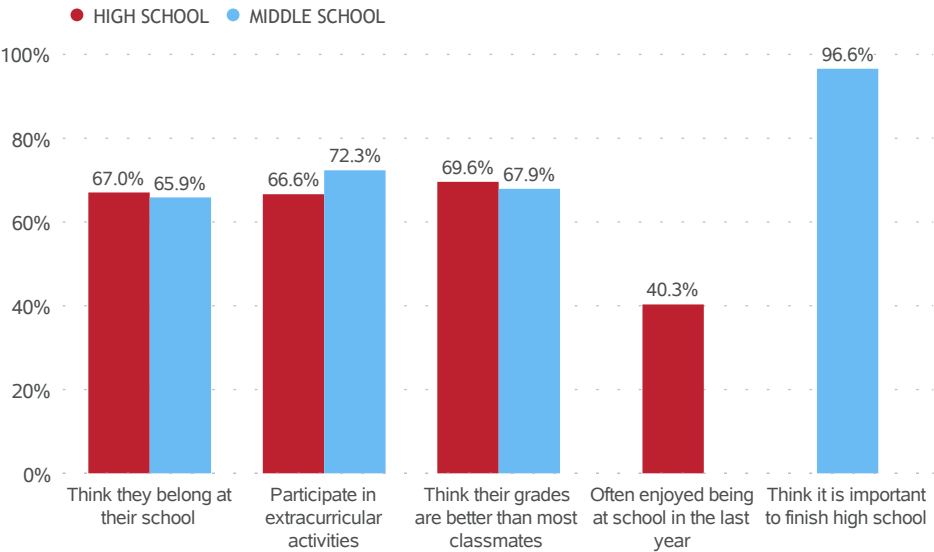


TABLE 11: % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO STUDENTS

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
INCLUDE STUDENTS AS MEMBERS ON WELLNESS TEAMS	31.3%	57.4%	30.6%
ADMINISTER CLIMATE ASSESSMENT TO STUDENTS	85.5%	92.9%	95.0%
HAVE A PROCESS FOR IDENTIFYING STUDENTS WHO ARE AT RISK OF BEING CHRONICALLY ABSENT	98.2%	98.6%	95.0%
SCHOOL CULTURE AND CLIMATE ARE CO-CREATED BY STUDENTS	10.4%	16.4%	17.5%

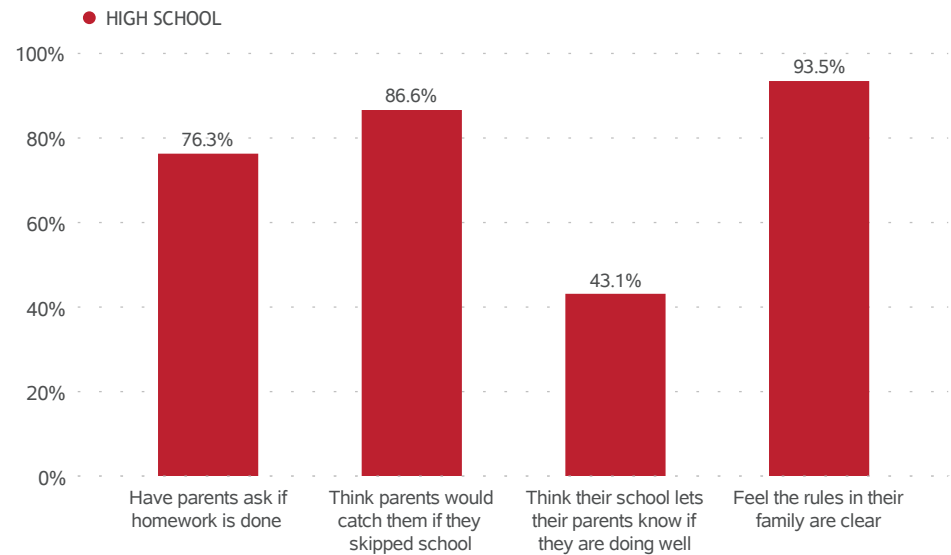
SCHOOL CONNECTEDNESS

(CONTINUED)

Students who feel connected to their school community (including parents and staff) are less likely to engage in risky behaviors and more likely to have better school attendance and better academic achievement, such as higher grades and test scores. Schools can promote connected environments with best practices such as monitoring chronic absenteeism, engaging students and families, and supporting staff members.

PARENTS & FAMILIES

FIGURE 13: % OF STUDENTS WHO REPORTED POSITIVE OUTCOMES IN SCHOOL CONNECTEDNESS WITH PARENTS/GUARDIANS



SCHOOL STAFF

FIGURE 14: % OF STUDENTS WHO REPORTED POSITIVE OUTCOMES IN SCHOOL CONNECTEDNESS WITH STAFF

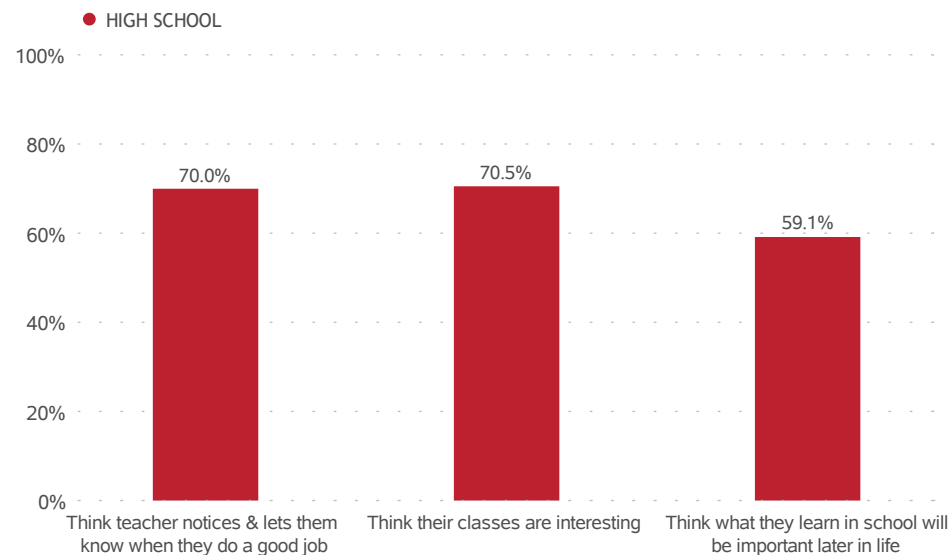


TABLE 12: % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO PARENTS AND FAMILIES

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
INCLUDE PARENTS/GUARDIANS AS MEMBERS ON WELLNESS TEAMS	39.5%	47.1%	55.6%
ADMINISTER CLIMATE ASSESSMENT TO PARENTS/GUARDIANS	74.7%	70.2%	71.7%
DEVELOP CULTURALLY RELEVANT COMMUNICATIONS FOR STUDENTS, FAMILIES, AND THE COMMUNITY	61.8%	61.4%	67.2%
PROVIDE FAMILIES WITH INFORMATION ON SCHOOL HEALTH POLICIES, STRATEGIES, AND SERVICES	73.2%	73.4%	79.3%

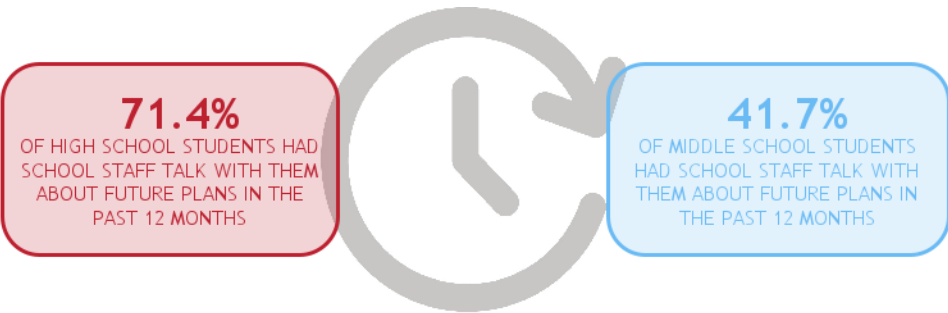


TABLE 13: % OF SCHOOLS WITH BEST PRACTICES IN SCHOOL CONNECTEDNESS RELATED TO STAFF

BEST PRACTICE	ELEMENTARY	SECONDARY	COMBINED
ADMINISTER CLIMATE ASSESSMENT TO TEACHERS	91.0%	92.2%	95.0%
PROVIDE STRESS MANAGEMENT ACTIVITIES TO STAFF	73.5%	72.9%	75.9%
ENCOURAGE STAFF TO ATTEND PROFESSIONAL DEVELOPMENT ON SAFE AND SUPPORTIVE SCHOOL ENVIRONMENTS FOR ALL STUDENTS	60.9%	77.3%	78.9%
DEVELOP A WRITTEN SCHOOL EMPLOYEE WELLNESS ACTION PLAN	43.6%	39.0%	40.7%

RESOURCES

STATE & NATIONAL AGENCIES

Colorado Department of Public Health and Environment (CDPHE), Healthy Kids Colorado Survey & Smart Source

www.healthykidscolo.org

Colorado Department of Public Safety, Office of School Safety

<https://oss.colorado.gov/>

Colorado Department of Human Services

<https://cdhs.colorado.gov/>

Centers for Disease Control (CDC), Division of Adolescent and School Health

www.cdc.gov/healthyyouth/index.htm

HEALTH TOPICS

School Safety

CDC Youth Violence Prevention:

www.cdc.gov/violenceprevention/youthviolence/index.html

CDPHE Injury Prevention:

<https://cdphe.colorado.gov/health/prevention-and-wellness/injury-prevention>

Mental Health

CDC Mental Health:

www.cdc.gov/mentalhealth/tools-resources/index.htm

CDPHE Youth Suicide Prevention:

<https://cdphe.colorado.gov/suicide-prevention/youth-and-young-adult-suicide-prevention>

Nutrition

CDC School Nutrition:

www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm

Alcohol & Other Drugs

CDC Underage Drinking:

www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm

Colorado Cannabis, Working With Youth:

<https://cannabis.colorado.gov/talking-about-marijuana/working-with-youth>

E-Cigarettes/Tobacco

CDC Youth and Tobacco Use:

www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

CDPHE Youth Tobacco Prevention:

<https://cdphe.colorado.gov/health/prevention-and-wellness/smoking-and-tobacco>

Sexual Health

CDC Sexual Health Education:

www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm

CDPHE Youth Sexual Health:

<https://cdphe.colorado.gov/youth-sexual-health>

Physical Activity

CDC Physical Education and Physical Activity:

www.cdc.gov/healthyschools/physicalactivity/guidelines.htm

School Connectedness

CDC School Connectedness:

www.cdc.gov/healthyyouth/protective/school_connectedness.htm

CDPHE Positive Youth Development:

<https://cdphe.colorado.gov/maternal-and-child-health/positive-youth-development>